# Chesterfield County Intimate Partner & Family Violence Fatality Review

What Have We Learned?
Findings & Recommendations

3rd Edition

Chesterfield County Intimate Partner & Family Violence Fatality Review
The Chesterfield County Intimate Partner and Family Violence Fatality Review Team gratefully acknowledges the funders who have made the production of the Team's 3 <sup>rd</sup> Edition Report possible.
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01

The Chesterfield County Intimate Partner and Family Violence Fatality Review Team, referred to as Fatality Review Team (FRT), is a strong collaborative effort of team members who strive to prevent future intimate partner deaths. Those who serve on this team perform the difficult work of reviewing intimate partner homicide cases to understand the circumstances surrounding the deaths, identify trends, and provide recommendations to improve our system's response to intimate partner violence. Each member participates with purpose, commitment, and insight. We are grateful to the following individuals who serve, or have served, on the team:

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In considering the nearly two decades since the establishment of Chesterfield County's FRT, innumerable individuals have contributed to the team's success. Although we are unable to recognize each person, we take this opportunity to acknowledge the many people who have participated on and contributed to this team.

## CONTRIBUTING AGENCIES



# **EXECUTIVE SUMMARY**

How many of us have seen, heard, or known someone impacted by domestic violence? The cycle of violence impacts individuals, children, families, and households across the globe every-day. From the infant stages of development to adulthood, exposure to violence has proven detrimental to establishing healthy relationships. Likewise, the long-term psychological impacts of those affected may result in fear of harm, abandonment, excessive worry, inability to experience empathy or guilt, low frustration tolerance, emotional distancing, poor judgment, and shame (Edwards, 2019). As a result, people are dying from a lack of early primary intervention, failure to correctly identify the signs and symptoms of abuse, and a lack of community involvement in addressing the realities of violence in our culture.

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The Centers for Disease Control and Prevention (CDC) describes intimate partner violence as a public health crisis with preventable measures, demonstrating hope for successful outcomes in ending abuse cycles. The CDC also highlights extensive health and economic consequences for society due to the physical and psychological treatment of injury sustained by victims of violence (CDC, 2018). The 2014 estimated U.S. population economic burden for a victim's lifetime was 3.6 trillion dollars, including costs of medical attention, loss of paid employment, criminal justice expenses, property loss, and damages (Peterson et al., 2018).

The CDC analyzed women's murders in 18 states from 2003 to 2014, finding a total of 10,018 deaths. Of those, 55% were related to intimate partner relationships, occurring at the hands of a former or current partner or the partner's family or friends. In 93% of those cases, the offender was a current or former romantic partner, negating the belief of stranger related violence. Strangers perpetrated just 16% of all female homicides, fewer than acquaintances, and just slightly more than parents (Petrosky, Blair, Betz, Fowler, Jack, & Lyons, 2017).

Chesterfield County is not impervious to intimate partner homicides. Between 1997 and 2005, 25 victims were killed due to intimate partner homicides in Chesterfield County. These deaths included 14 women, four men, and seven children.

Between 2007 and 2015, 33 individuals were killed in Chesterfield County as a result of intimate partner homicides: 23 women, five men, and five children. This report will analyze the circumstances surrounding these 33 deaths.

Members of the FRT are committed to working together to identify practices which may result in the reduction of these numbers. Ensuring service providers and local agencies provide support to families in crisis is one way we can work to disrupt the pattern of violence and prevent these tragic deaths.

## **PRIMARY FACTORS**

## 7 primary factors emerged from the analysis of the data contained in this report:

of the cases reviewed involved homicide-suicide

of the offenders had a history of previously abusing their victims

of the deaths resulted from the use of a firearm

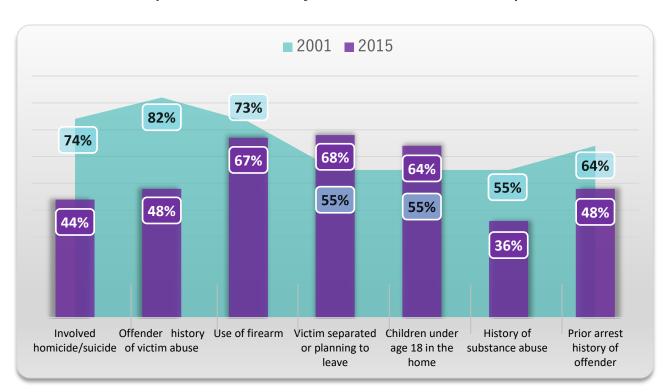
of victims were separated or planning to separate from the offender

of the cases reviewed had children under the age of 18 living in the home

of the cases reviewed revealed a history of substance abuse (including offender and victim)

of the cases reviewed revealed a prior arrest history of the offender

## Comparison of Primary Factors to the 2004 Report:



03

Intimate partner homicides are a pervasive public health issue affecting communities locally, nationally, and globally. To increase knowledge of the circumstances surrounding intimate partner violence deaths and potentially reduce future deaths, fatality review teams have convened worldwide, to include Australia, Canada, Ireland, New Zealand, the United Kingdom, and the United States. Within the United States, 42 states have intimate partner fatality review teams (National Domestic Violence Fatality Review Initiative, 2019).

In 1999, the Virginia General Assembly enacted Section § 32.1-283.3 of the Code of Virginia to establish local and regional Family Violence Fatality Review Teams. In the two decades since, 20 local or regional family violence fatality review teams have been established across the Commonwealth of Virginia, gaining prominence and momentum (National Domestic Violence Fatality Review Initiative, 2019).

Established in December 2001, Chesterfield County's FRT development may be attributed to successful collaborative efforts within Chesterfield's Coordinated Community Response (CCR) to intimate partner violence. When created, the FRT's protocol specified the parameters of case reviews to "any fatality, whether homicide or homicide-suicide, occurring as a result of abuse between intimate partners." Therefore, this report and the two previous reports are limited to reviews of intimate partner deaths, not including deaths attributed to non-intimate family members. Our multi-disciplinary team conducts reviews of intimate partner fatalities with goals of:

- identifying trends and patterns;
- increasing coordination and communication between provider agencies; and,
- identifying interventions and methods for system improvements and positive change.

In October 2004, the team produced its first report, including findings and recommendations of 16 intimate partner deaths from 1997-2001. Between 2001 -2006, nine additional intimate partner homicides occurred. Subsequently, in July 2006, the team produced a second edition of the report, providing a synopsis of information acquired during the review of six additional cases. The second report also provided a comparison of all cases reviewed to date. Previous reports are available by calling the Chesterfield County Domestic and Sexual Violence Resource Center at (804) 318-8265.

While the team has seen positive changes since its creation, the homicides continued, leading to this report. The 25 reviews summarized in this report from 2007-2015 encompass 33 deaths: 23 women, five men, and five children.

# **ABOUT CHESTERFIELD COUNTY**

Located in Central Virginia, Chesterfield County is part of the Richmond/Petersburg Metropolitan Statistical Area (MSA) and is surrounded by the cities of Richmond, Petersburg, Hopewell, and Colonial Heights. Situated between the James and Appomattox rivers, Chesterfield's land area totals 446 square miles. Chesterfield County is the largest locality in the Richmond/Petersburg MSA and the fifth largest county in Virginia. In 2015, Chesterfield County was home to more than 328,000 people, an increase of approximately 68,000 residents since the team's first report in 2004 (U.S. Census Bureau, 2015).

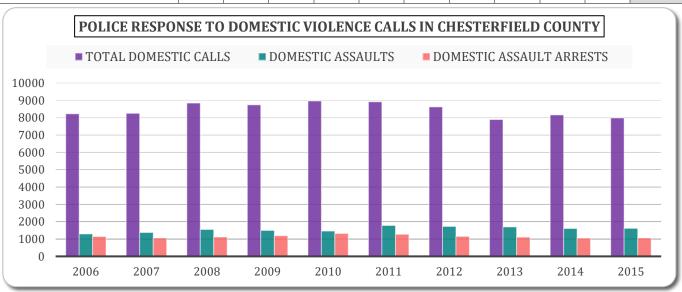
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The 2015 census data reports racial/ethnic data as 63.7% Caucasian/White, 22.3% African American/Black, 7.7% Hispanic, 3.4% Asian, and 2.3% multi-racial. Chesterfield County's median income in 2015 was \$72,609.00, and its median age was 38.2. Children ages 17 and younger accounted for 25% of Chesterfield County's population in 2015 (U.S. Census Bureau, 2015).

The Virginia Department of Education reports 61 Chesterfield County schools served 59,606 students in 2015. Of these students, 54% were Caucasian/White, 26% were African American/Black, 14% were Hispanic, and 3% were Asian. In 2015, Chesterfield County had an authorized sworn strength of 528 police officers, 226 sheriff's deputies, 419 career firefighters, 70 volunteer firefighters, and 169 rescue squad volunteers. The Chesterfield Emergency Communications Center received one phone call every 50 seconds and dispatched an average of 18 calls for service every hour.

#### YEARLY TOTALS

YEAR	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Total
TOTAL DOMESTIC CALLS	8,222	8,256	8,843	8,742	8,960	8,915	8,619	7,891	8,162	7,987	84,597
DOMESTIC ASSAULTS	1,295	1,379	1,553	1,493	1,464	1,782	1,724	1,697	1,607	1,619	15,913
DOMESTIC ASSAULT ARRESTS	1,142	1,066	1,119	1,196	1,322	1,277	1,159	1,108	1,053	1,067	11,509



# **CASE DEMOGRAPHICS**

## Case Demographics and Other Factors

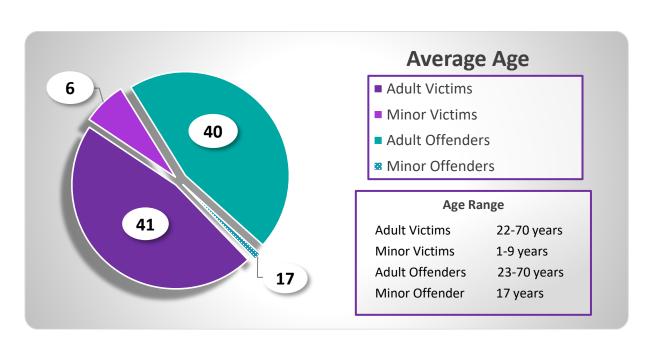
This report includes a summary of information collected through 25 case reviews of intimate partner deaths from 2007 to 2015, encompassing 33 deaths: 25 females and eight males.



**05** 

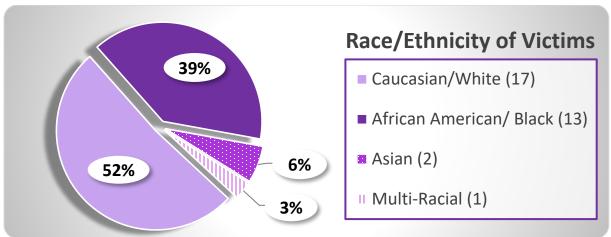


Of the 33 deaths, minor victims accounted for  $\bf 5$  deaths, 2 females and 3 males.

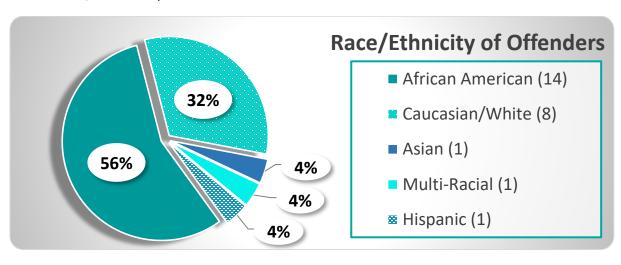


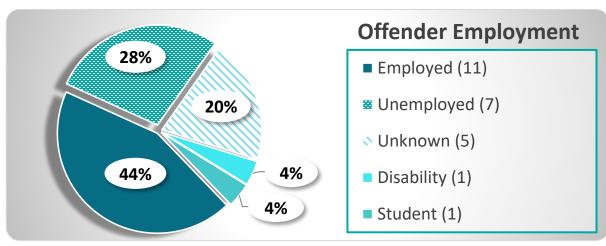
# **CASE DEMOGRAPHICS**

Victims: 17 Caucasian/White (52%), 13 African American/Black (39%), 2 Asian (6%), and 1 Multi-Racial (3%),



Offenders: 14 African American (56%), 8 Caucasian/White (32%), 1 Multi-Racial (4%), 1 Asian (4%), and 1 Hispanic (4%).





# HOMICIDE-SUICIDE

In the context of intimate partner violence, homicide-suicides are especially likely to occur. Of the 1,000 to 1,500 homicide-suicides occurring in the United States annually, the overwhelming majority of victims are intimate partners (Violence Policy Center, 2012).

Of the 25 cases reviewed for this report, 44% of the incidents were homicide-suicides. In 17 of 25 cases reviewed for this report, 34 children were impacted. In eight of the 17 cases impacting children (47%), the offender committed suicide after the homicide(s). Three of the five children killed were homicide-suicide cases (60%).

Divorce and child custody issues are a common thread in murdersuicides involving children. The offender externalizes the blame, believing the spouse is



(Violence Policy Center, 2012)

responsible for destroying the family unit. According to Jack Levin, a professor of sociology and criminology at Northwestern University, "The children are killed because the husband blames the wife and kills everything associated with her... first the children go, then the wife – everything associated with the person is considered evil" (Kelley, 2009).

#### Risk factors and warning signs of suicide may include:

anxiety/depression, substance use disorders, personality traits of aggression, mood changes and poor relationships, loss of employment, stressful life events, exposure to suicide by a friend/family member, a significant relationship loss, talk of suicide, feelings of hopelessness, withdrawal from activities, isolating from family and friends, and sleeping too little or too much (American Foundation for Suicide Prevention, n.d.).

# **IMPACT ON CHILDREN**

In almost half of murder-suicides, children observe, are in the vicinity of, or find their parents' bodies (Weisberg, 2019). Of our 25 cases, the parties in 17 of the cases had children (64%).

Four of these cases account for the deaths of five children.



#### Recent Separation:

In 17 of our 25 cases, 34 children were impacted. In 13 of these 17 cases (76%), the parties were recently separated or in the process of separating. In the cases where children were killed, all (100%) included current or pending separation by the parents.

The National Coalition Against Domestic Violence reports 1 in 15 children are exposed to Intimate Partner Violence (IPV) each year 90% of these children are eyewitnesses to this violence (Hamby, Finkelhor, Turner, & Omrod, 2011).

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#### Homicide Within the Home:

In 11 of our 17 cases (65%), children were present during the homicide. In 15 of the 17 cases (88%), the homicide occurred in the child's home or the victim's home.

Of the 34 children impacted, the offender had access to a firearm in 13 of the 17 cases (77%). Of the five children who were killed, four were killed by firearm (80%).

## **Impact on Children**

80% had firearms in the home 80% were killed by firearm

100%
were recently separated

60%
were
homicidesuicide

Of all cases reviewed, 12% had Child Protective Services involvement.

# **RISK FACTORS**

Those with certain risk factors are more likely than others to become offenders or victims of intimate partner violence, although neither falls into distinct categories. Generally, a combination of individual, relational, and societal factors contributes to the risk of becoming an offender or victim of intimate partner violence. However, it is essential to understand anyone can be abused or become an abuser. Summarized below are the risk factors determined through the 25 case reviews included in this report.

#### **Recent Separation**

In 68% of the cases reviewed, the parties were recently separated, or the victim planned to leave the offender.

## Use of Weapon

Firearms were responsible for 67% of the deaths reviewed for this report. Bladed instruments (knives) were used in 24% of the deaths.

The American Journal of Public Health reports an abusers' access to firearms increases the risk of intimate partner femicide by 400%.

Additionally, when firearms have been used in the most severe abuse incident, the risk increases 41-fold (Campbell et al., 2003).

History of Physical and Emotional Abuse

Of the 33 deaths, reports of prior physical or mental abuse were verified for 12 of the 33 victims (36%). Ten of the 25 offenders also experienced physical or mental abuse (40%).

Mental health services were known to have been sought by two of the 33 victims (6%) and eight of the 25 offenders (32%). It is unknown if the remaining victims and offenders sought mental health services.

Those who **self-identify** as victims or survivors of intimate partner violence see themselves as having experienced emotional or physical abuse by a current or former partner or spouse.

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#### Reports of Abuse by Victim

Within the current relationship, nine of the 33 victims self-identified as having experienced abuse (27%). 16 of the 33 victims had disclosed the abuse to another individual (48%).

#### Substance Abuse

In 36% of the cases reviewed, a history of substance abuse was revealed. Eight of the 25 offenders had a history of substance abuse (32%). Five of the 33 victims had a history of substance abuse (15%).

#### Financial Difficulties

Financial issues presented difficulties in 44% of the homicide cases reviewed.

The Journal of Occupational Health Psychology reports victims of intimate partner violence lose a total of 8 million days of paid work each year, the equivalent of 32,000 full-time jobs.

(Rothman, Hathaway, Stidsen,

#### Threats to Kill

In 48% of the homicides, the offender had threatened to kill the victim prior to the homicide.

#### History of Family Violence

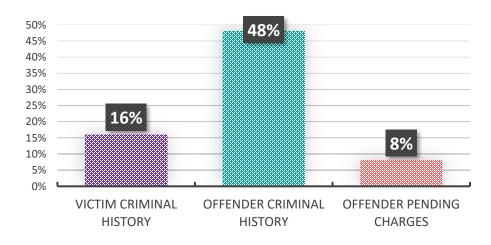
In 36% of the cases, the offender and the victim had a family history of domestic violence.

#### History of Suicidal Threats

Of the 25 offenders, seven had a history of suicidal threats (28%).

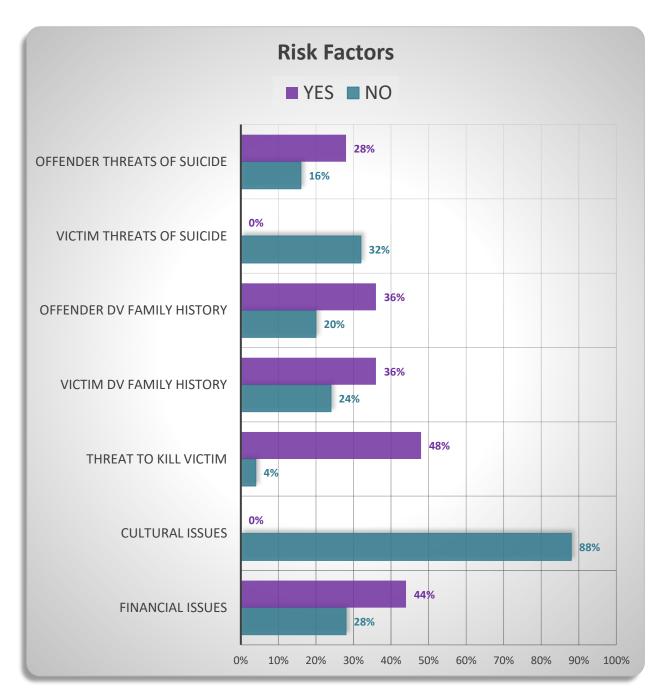
#### Criminal History

12 of the 25 offenders had a criminal history (48%).

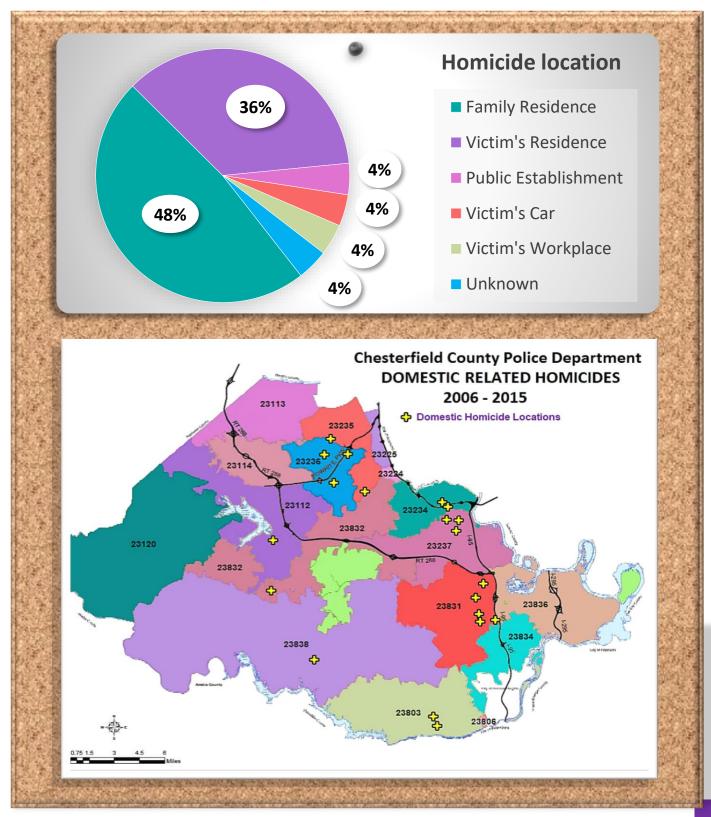


Risk factors are often a combination of individual, relational, community, and societal considerations. These factors may indicate a greater likelihood of intimate partner violence, which can ultimately lead to death. In assessing lethality, professionals working with both victims and offenders seek to identify and evaluate risk factors to gauge the situation's dangerousness and offer appropriate interventions.

Of the 25 cases reviewed, the following risk factors were determined:



In most cases reviewed, the incident occurred in a residence - primarily the family residence, followed by the victim's residence. The remainder of the incidents occurred equally between locations identified in the graph below.



# FINDINGS & RECOMMENDATIONS

## 1. Finding: 44% of cases reviewed were homicide-suicides

Recommendation: Increase awareness of suicide risk factors for families experiencing domestic violence. Encourage development of a customized safety plan with specific measures in place.

Targeted Groups: General public and human services providers, families experiencing domestic violence, law enforcement, magistrates, social services, local and state supervision (pretrial and probation), domestic violence programs (offender and victim), and medical community.

The goal is to identify risk factors and warning signs of suicide to help friends, family members, and professionals encourage individuals to seek assistance.

## 2. Finding: 48% of the offenders had a history of previously abusing their victims

Recommendation: Increase awareness of domestic violence signs and symptoms, focusing on those closest to the batterers and victims. The availability of resources and contact information should be more accessible to the public. Virtual and digital platforms, such as social media, messaging, and websites, should be utilized.

Targeted Groups: Collaborative effort among stakeholders, such as law enforcement, magistrates, mental health, social services, domestic violence programs (offender and victim), local and state supervision (pretrial and probation), court services, human service providers, schools, faith communities, and medical communities.

The goal is to convey the message: without adequate intervention, domestic violence situations rarely improve, yet often escalate.

## 3. Finding: 67% of the deaths resulted from the use of a firearm

Recommendation: Increase awareness of the link between firearms and domestic violence deaths. The possession of a firearm by those with a propensity towards violence and abuse, combined with controlling behaviors, increases the risk of death.

Victims who are threatened or assaulted by a firearm are at the maximum risk of lethality and should immediately seek assistance.

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# FINDINGS & RECOMMENDATIONS

Targeted Groups: General public, government officials, law enforcement, magistrates, mental health, social services, domestic violence programs (offender and victim), local and state supervision (pretrial and probation), court services, human service providers, schools, and faith community.

The goal is to educate the community to understand the increase in risk when firearms are introduced into volatile situations, especially when one party has a propensity towards violence.

## 4. Finding: 68% of victims were separated from or planning to separate from the offender

Recommendation: Enhance the understanding of the link between lethality and separation and dissolution of the relationship. Encourage service providers to review risk factors, assess the degree of lethality, and discuss the need for safety planning and treatment.

Targeted Groups: Family and friends of those experiencing domestic violence, divorce attorneys, law enforcement, magistrates, mental health, social services, domestic violence programs (offender and victim), local and state supervision (pretrial and probation), court services, human service providers, schools, and faith community.

The goal is to raise awareness for heightened risk of death during the separation process.

## 5. Finding: 64% of the cases reviewed had children under the age of 18 living in the home

Recommendation: Provide domestic violence education and training within educational systems for adults working with children of all ages. Additionally, collaborate with targeted groups to develop or enhance curriculum addressing healthy relationship dynamics in early childhood. Widely distribute resource materials throughout educational, social, recreational, and medical settings for children.

Targeted Groups: Public and private school personnel, childcare providers, healthcare providers, scouts (boy and girl), coaches of community teams, staff and volunteers in after school and summer programs, mental health, social services, domestic violence programs (offender and victim), local and state supervision (pretrial and probation), court services, human service providers, and faith community.

The goal is to encourage meaningful conversations promoting healthy relationships with children and young adults to prevent the cycle of violence from continuing.

# FINDINGS & RECOMMENDATIONS

## 6. Finding: 36% of the cases reviewed revealed a history of substance abuse

Recommendation: The abuse of substances by those with a propensity towards violence and abuse, in combination with controlling behaviors, increases the risk of harm. Educate others that substance abuse is a contributing factor, not a causal factor, of domestic violence. Encourage substance abuse service providers, court programs, support groups, and domestic violence programs to coordinate services.

Targeted Groups: Mental health and substance abuse service providers, court programs, domestic violence programs (offender and victim), and local and state supervision (pretrial and probation).

The goal is to convey the message: substance abuse does not cause domestic violence, although it may worsen or escalate an already volatile situation.

## 7. Finding: 48% of the cases reviewed revealed a prior arrest history of the offender

Recommendation: Advocate for repeat offenders' stricter sentencing, including active incarceration in combination with appropriate treatment and supervision. Encourage prosecutors to review the offender's prior system involvement, such as compliance with pretrial and probation supervision, calls for service to law enforcement, and increases in victim injury severity.

Targeted Groups: Judiciary, prosecutors, local and state supervision (pretrial and probation), court-related programs, domestic violence programs (offender and victim), and law enforcement.

The goal is to support an increased response proportionate to an offender's increase in criminality.

# WHERE ARE WE Now?

The summary of cases in this report are a few years old, so where are we now? It was critically important that our team thoroughly examine all available cases to provide the most accurate information possible. Also, over the years, there have been changes in staff representation from the contributing agencies, creating an appreciation for different views, expertise, and experiences. Similarly, some representatives have remained on the team since its inception, sustaining continuity and providing valuable historical perspectives. For more than twenty years, agency partnerships have remained strong and consistent. The Chesterfield County Coordinated Community Response (CCR) was established before the implementation of Virginia fatality review teams and has served as a foundation of focus and transparency in combating domestic violence. These agency relationships have crafted a unique systems approach, encouraging the connection of policy, practice, and response. The wealth of investment and knowledge at the table is truly a treasure.

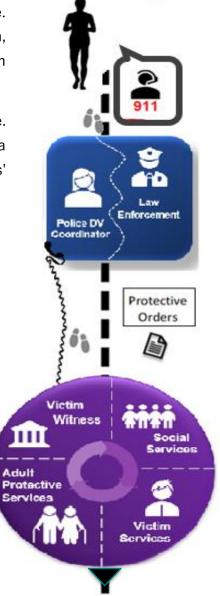
As is depicted in the accompanying graphic, approaches evolved over time. What began as individualized departmental efforts have since evolved to a coordinated, collaborative approach, recognizing and addressing victims' and offenders' needs.

#### Examples include:

The sharing of information to assist victims with navigating the system involves a coordinated effort between Police, Victim/Witness Assistance, Court Services, the Domestic and Sexual Violence Resource Center, and area victim services agencies. These entities work to guide victims in obtaining protective orders, court procedures, financial support, emergency housing, safety planning, and education through support groups and individual counseling.

Increased communications and protocols between
Chesterfield Police, Department of Social Services, Mental
Health Support Services, and Pretrial/Community Corrections Services
in domestic violence cases.

"Coordinated Community
Responses (CCRs) have
been recognized as a best
practice in reducing
domestic violence since the
Violence Against Women
Act was enacted over 20
years ago " (Institute for
Coordinated community
Responses, n.d.).



## WHERE ARE WE Now?

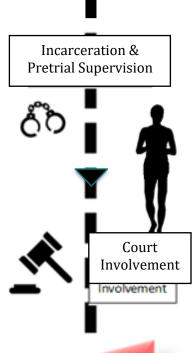
Sheriff's Department adjusted work hours and improved the dataentry system to create better responses to victims seeking protective orders.

Increased training and awareness shifted to using evidence-based practices in trauma-informed care, strangulation, crisis intervention training for police, motivational interviewing, and cognitive-behavioral change programming for offenders. Expanding the lens beyond offender accountability to include a holistic approach to trauma, often precipitating patterns of power, control, abuse, and violence, can improve outcomes.

Coordinated efforts include joint meetings for case planning and treatment interventions between departments to alleviate duplication and overlap in services. New approaches have allowed programs to streamline internal responses with victims, offenders, and families experiencing violence; recognizing these types of cases requires specialized training and staff understanding.

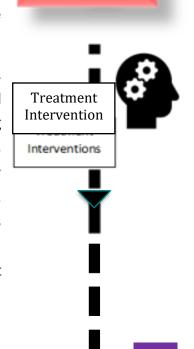
A cultural shift that appeared to make the community more open and willing to discuss issues once considered stigmatizing and taboo. High schools in Chesterfield County have incorporated topics focusing on suicide prevention, anti-bullying, and healthy relationships into curricula. School support services staff receive annual training specific to domestic violence and child abuse—all efforts to encourage open dialogue about the reality of abuse in children's homes.

Increased use of digital and social media platforms such as Twitter, Facebook, creation of the Relate2You website targeting Chesterfield youth, and the Chesterfield Domestic Violence Task Force website, including outreach activities and resource information. Likewise, increased awareness and involvement from the faith community 'Partners in Purple', community volunteers, survivors serving on county committees, and fundraising activities. The expansion resulted in multiple grant awards for educational materials distributed in our courts, doctor's offices, and businesses, as well as increased donations from community events and local restaurant contributions, aimed at increasing victim safety.



Community-Based

Supervision



## WHERE ARE WE Now?

Increased training on the use of risks/needs, suicide, and lethality assessments for planning and intervention strategies; improving client intake processes for victims and offenders across departments; improving investigative processes for police and prosecutors; conducting a series of questions during an arrest-specific to victim lethality and firearm accessibility.

Improvements in communications between law enforcement agencies in surrounding localities, Fort Lee Military Base and Hunter Holmes McGuire VA Medical Center, in regards to matters of safety, treatment interventions, the serving of protective orders and arrest warrants, increased police patrols on homes with high-risk situations, and notifying military superiors of personnel involved with domestic violence situations.

Research has shown prevention and early intervention efforts are effective in reducing domestic violence and child abuse behavior. Domestic violence and child abuse often occur in the same family and are linked to several consequences for all family members, as well as for members of the larger community (Child Welfare Information Gateway, 2017).



Significant changes in state code and laws specific to domestic violence, impacting law enforcement/criminal justice agencies in respect to police training, commonwealth prosecution of cases and community supervision.

- > §18.2-51.6 Strangulation of Another
  - Elevated to a Class 6 Felony
- § 18.2-57.3 First offense of Assault and Battery Against a Family or Household Member - 2017 Amendments to this section:
  - A person charged under this section who consents to a deferred disposition waives the right of appeal
  - Precludes a person who has been convicted of any felony defined as an act of violence from eligibility for first offender without consent of the Attorney for the Commonwealth.
- > § 18.2-57.4 Reporting findings of Assault and Battery to military family advocacy representatives
  - If an active duty member of the US Armed Forces is found guilty of 18.2-57.2 or has a matter taken under advisement pursuant to 18.2-57.3 the court *shall* report the conviction to family advocacy representatives of the US Armed Forces
- § 18.2-60.3 Stalking
  - Amended to make a second or subsequent conviction for stalking, or substantially similar offense, within 5 years a Class 6 Felony

- § 18.2-60.4 and § 16.1-253.2 Violation of a Protective Order
  - If the respondent commits an assault and battery upon a protected party resulting in bodily injury, he is guilty of a Class 6 Felony (struck the language serious bodily injury)
  - Elevated to a Class 6 Felony, any person who, while knowingly armed with a firearm or other deadly weapon, violates any provision of a protective order with which he has been served, other than a protective order issued pursuant to subsection C of § 19.2-152.10
  - Amended to include: a violation of a protective order may be prosecuted in the jurisdiction where the protective order was issued or in any county or city where any act constituting the violation of the protective order occurred.
- § 18.2-308.1:4 Purchase or Transportation of Firearm by Persons Subject to Protective Orders
  - Amended to provide for the respondent of a protective order to surrender, sell or transfer any firearms within 24 hours and certify having done so within 48 hours.
- § 19.2-11.01 Crime Victim and Witness Rights
  - Victims shall be advised of their rights regarding physical evidence recovery kits
  - By request, the victim shall be notified by the Commissioner of Behavioral Health if an individual who was found to be unrestorable incompetent and committed or acquitted by reason of insanity and committed is released.
- § 19.2-120 Admission to Bail
  - Amended to no longer require concurrence of the Attorney for the Commonwealth before the Magistrate admits to bail a person charged with a presumptive crime.
- § 19.2-268.3 Admissibility of Statements by Children in Certain Cases
  - Establishes hearsay exception in certain cases for children under the age of 13 (at time of trial or hearing) if hearing is held prior to trial, court deems statement inherently trustworthy, and depending upon the availability of the child witness.

In 2020, § 19.2-152.13 Emergency substantial risk order also known as Virginia's "Red Flag Law" became effective (Hanna & Ly, 2018). The law allows any attorney for the Commonwealth or law-enforcement officer to apply to a general district court, circuit court, or juvenile and domestic relations district court judge or magistrate for an emergency substantial risk order to prohibit a person who poses a substantial risk of injury to himself or others from purchasing, possessing, or transporting a firearm. Upon service of an emergency substantial risk order, the person who is subject to the order shall be given the opportunity to voluntarily relinquish any firearm. The bill creates a computerized substantial risk order registry for entry of orders issued pursuant to provisions in the bill.

# **LIMITATIONS OF REVIEW**

Despite the Chesterfield FRT's best efforts, certain factors limit the team's ability to evaluate each case consistently.

There is no standardized data collection system utilized by the agencies and departments represented on the team. Therefore, various confidentiality standards, internal policies, and funding requirements dictate the amount and type of data collected by our partner agencies.

In the years since the deaths reviewed in this report occurred, leadership and staffing changes have ensued. Additionally, some files were purged or destroyed due to varying retention guidelines for case records.

Due to limitations in data collection, time, and resources, it is impossible to ensure every data point is collected for every case. At times, some information is simply 'unknown.'

Lastly, many parties of the cases reviewed had no interactions with our "system"; therefore, no interventions outside of family and friends.



Resources are available locally and nationally to families experiencing intimate partner violence. In sharing these resources, we hope to save lives by increasing victim safety and offender accountability and treatment.

Chesterfield County Resources				
Commonwealth's Attorney's Office, Juvenile & Domestic Relations Courthouse	804 748-1341			
Community Corrections and Pretrial Services	804 318-8220			
Court Service Unit (Protective Orders)	804 748-1372			
Department of Social Services, Child Protective Services	804 748-1100			
Domestic and Sexual Violence Resource Center, Administrative Services	804 318-8265			
Client Services	804 318-8264			
Juvenile and Domestic Relations Court	804 748-1379			
Magistrate's Office	804 748-1410			
Mental Health Support Services, 24hr Crisis Line	804 748-6356			
Police Department, Domestic Violence Coordinator	804 318-8110			
Victim/Witness Assistance Program, Domestic Violence Unit	804 717-6179			

Local and Statewide Resources	
Central Virginia Legal Aid Society	804 648-1012
The James House	804 458-2840
The YWCA of Richmond & Greater Richmond Regional 24hr Hotline	804 612-6126
Virginia Sexual & Domestic Violence Action Alliance Statewide 24hr Hotline	800 838-8328
Commonwealth Catholic Charities, DV Batterer Intervention Program	804 285-5900
Frank Manners and Associates, Inc., DV Batterer Intervention Program	804 672-8390
Virginia Batterer Intervention Program Board	www.vabipboard.org

National Resources	
National Domestic Violence Hotline	1-800-799-7233
	www.thehotline.org
National Coalition Against Domestic Violence	www.ncadv.org
National Domestic Violence Fatality Review Initiative	www.ndvfri.org

For copies of previous reports and more information about this report, please contact the Chesterfield County Domestic and Sexual Violence Resource Center at (804) 318-8265.

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## IN REMEMBRANCE

The Chesterfield County Intimate Partner & Family Violence Fatality Review Team would like to acknowledge the surviving family members and friends of those whose lives were tragically ended.

We intend to keep the memory of your loved ones alive by learning their stories to help save others' lives while also seeking ways to hold accountable and provide treatment to abusers.

We offer our sincere hope there is comfort in the findings and recommendations of this report. The report allows us to gain a better understanding of our community's needs, thus creating awareness and education about the devastating effects of domestic violence.



Chesterfield County Intimate Partner and Family Violence
Fatality Review Team